PTO/SB/05 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032

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UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No. CWRU-P01-019 Aaron Weinberg

COMPOSITIONS AND METHODS FOR TREATING HIV INFECTIONS

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Express Mail Label No. EV302402433US

		20 111411 24201 110:	L V 302 702	-40000			
APPLICATION ELEMEN	NTS ST	ADDRESS TO	. Commission	Application oner for Patents			
See MPEP chapter 600 concerning utility patent a		P.O. Box 1	450 , VA 22313-1450				
Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee production)	cessing)		or CD-R in duplic Program (Apper	cate, large table or			
2. Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/ (if applicable, al		Sequence Submission			
3. X Specification [Total i	Pages 57]	a. Compute	er Readable For	m (CRF)			
(preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications			Sequence Listin				
 Statement Regarding Fed sponsored R & I Reference to sequence listing, a table, 	D		D-ROM or CD-F nts verifvina ide	R (2 copies); or ii. Paper			
 or a computer program listing appendix Background of the Invention 			***********	PLICATIONS PARTS			
 Brief Summary of the Invention Brief Description of the Drawings (if filed) 				sheet & document(s))			
Detailed Description Claim(s)	•		73(b) Statement				
- Abstract of the Disclosure		(when then	e is an assignee	Attorney			
	Sheets 6]		inslation Docum i Disclosure	nent (if applicable)			
	Sheets []	Statement	(IDS)/PTO-1449	Copies of IDS Citations			
a. Newly executed (original or copy)			Amendment				
b. Copy from a prior application (37 CF) (for continuation/divisional with Box 18 cc	ompleted)	14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
i. DELETION OF INVENTOR(S) Signed statement attached deleting			opy of Priority D ority is claimed)	ocument(s)			
inventor(s) named in the prior applic see 37 CFR 1.63(d)(2) and 1.33(b).	ation,	16. Nonpublica	ition Request un	nder 35 U.S.C. 122 (b)(2)(B)(i). PTO/SB/35 or its equivalent.			
·		17. Other:		T TOTODIO OF ILS Equivalent.			
6. X Application Data Sheet. See 37 CFR 1.7	6						
18. If a CONTINUING APPLICATION, check app following the title, or in an Application Data Sheet	propriate box, and supp	ly the requisite informati	ion below and in	the first sentence of the specification			
Continuation Divisional	Continuation-in-part (CIP) of prior application	on No.:				
Prior application information: Examiner		A	rt Unit:				
For CONTINUATION or DIVISIONAL APPS only	: The entire disclosur	e of the prior application	n. from which an	oath or declaration is supplied under			
Box 5b, is considered a part of the disclosure of the incorporation <u>can only</u> be relied upon when a	portion has been inad	retently omitted from the	pilication and is he submitted ap	plication parts.			
	19. CORRESPO	NDENCE ADDRESS	3				
X Customer Number:	2	28120	OR	Correspondence address below			
ROPES & GRAY LLP Anita Varma							
Address One International Place							
City Boston State		MA	Zip Code	Zip Code 02110-2624			
Country US	Telephone	(617) 951-7000	F	ax (617) 951-7050			
Name (Print/Type) Anița Varma		Registration No.	(Attorney/Agent	43,221			
Signature Luli	e_	Date	December 15, 2003				

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Signature: Maural Sallaghar (Maura A. Gallagher)

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PTO/SB/17 (10-03)
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FFF TDANCAUTTAL		Compl te if Known						
FEE TRANSMITTAL		Application Number			er	Not Yet Assigned		
for FY 2004		Filing Date				Concurrently Herewith		
		First Named Inventor			tor	Aaron Weinberg		
Effective 10/01/2003, Patent fees are subject to annual revision.		Examiner Name Not Yet Assigned			ssigned			
X Applicant claims small entity status. See 37 CFR 1.27	Art Unit			N/A				
TOTAL AMOUNT OF PAYMENT (\$) 385.00		Attorney Docket No. CWRU-P01-019						
METHOD OF PAYMENT (check all that apply)				FEE	CALCUI	ΑΠΟΝ (co	ntinued)	
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Number 18-1943	Code	(\$)	Code			Fee Desc	ription	Fee Paid
Deposit Account Ropes & Gray LLP	1051	130	2051	65	Surcharge	- late filing fee	e or oath	
Name The Director is authorized to: (check all that apply)	1052	50	2052	25		- late provisio	nal filing fee or cover	
X Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	sheet.	h specification		
					_	English specification		
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	·	-	filing a request for ex parte reexamination uesting publication of SIR prior to		
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to the above-identified deposit account.	1805	1,840*	1805	1,840*	Examiner a	publication o action	i Sik atter	
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1. BASIC FILING FEE Large Entity Small Entity	1252 1253	420 950	2252 2253			for reply within for reply within	second month	\vdash
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1001 770 2001 385 Utility filing fee 385.00	1401	330	2401		Notice of A	for reply within nneal	i iiin monin	\vdash
1003 530 2003 265 Plant filing fee	1402	330	2402			ef in support o	f an appeal	
1004 770 2004 385 Reissue filing fee	1403	290	2403			r oral hearing		
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to i	institute a pub	lic use proceeding	
SUBTOTAL (1) (\$) 385.00	1452	110	2452	55	Petition to	revive – unavo	oidable	
	1453	1,330	2453	665		revive - uninte		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Extra Fee from	1501	1,330	2501	665	=	e fee (or reissu	ie)	
Ctaims below Fee Paid Total Claims -20** = x =	1502 1503	480 640	2502 2503	240 320	Design issue			— —
Independent -3** = x =	1460	130	1460	130		the Commiss	ioner	
Claims^	1807	50	1807	50		fee under 37		
Large Entity Small Entity	1806	180	1806				n Disclosure Stmt	
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Code (\$) Code (\$)	1809		2809	_		mes number o omission after		
1201 86 2201 43 Independent claims in excess of 3		770		385	(37 CFR 1.	.129(a))	-	
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	examined (dditional inver (37CFR 1.129	(b))	
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385	-	r Continued E r expedited ex	xamination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900		application	Call II I I I I I I I I I I I I I I I I I	
and over original patent	Other	fee (spe	cify)					
**or number previously paid, if greater; For Reissues, see above	*Redu	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00						
SUBMITTED BY	!=		-			(Complete	(if applicable))	
Name (Print/Type) Anita Varma	Regist	ration No	. 43	3,221			(617) 951-7796	
		ey/Agent)	1.			+	<u>`</u>	
Signature Knih Varua	U					Date	December 15, 3	2003

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Dated: 12-15-03	Signature:
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